



## ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

10/12/93

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER -> NYD080658644

FACILITY NAME -> RASON ASPHALT INC

MAILING ADDRESS -> PO BOX 483  
FARMINGDALE, NY 11735

INSTALLATION ADDRESS -> 44 MORRIS AVE  
GLEN COVE, NY 11542

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
REGION II  
26 FEDERAL PLAZA  
NEW YORK, NEW YORK 10278

ATTN: AIR & WASTE MANAGEMENT DIVISION, ROOM 1006  
HAZARDOUS & SOLID WASTE PROGRAMS BRANCH  
RCRA NOTIFICATIONS

TO: SHAKESBY, TONY  
VICE PRES  
RASON ASPHALT INC  
PO BOX 483  
FARMINGDALE, NY 11735



FINDS

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved. OMB No. 2050-0028. Expires 10-31-91  
GSA No. 0246-EPA-OT

Please refer to the instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



EPA

# Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received  
(For Official Use Only)

100693 (Be)

Egg Mail

## I. Installation's EPA ID Number (Mark 'X' in the appropriate box)



A. First Notification



B. Subsequent Notification  
(complete item C)

C. Installation's EPA ID Number

NYD080658644

## II. Name of Installation (Include company and specific site name)

RASON ASPHALT INC

## III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

44 MORRIS AVE

Street (continued)

City or Town

GLEN COVE

State

ZIP Code

NY 11542

County Code

County Name

NASSAU

## IV. Installation Mailing Address (See instructions)

Street or P.O. Box

SAME PO BOX 483

City or Town

FARMINGDALE

State

ZIP Code

NY 11735

## V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

(first)

X SHAKESBY

TONY

Job Title

Phone Number (area code and number)

X VICE PRESIDENT

516-293-6210

## VI. Installation Contact Address (See instructions)

A. Contact Address  
Location Mailing

B. Street or P.O. Box

X PO BOX 483

City or Town

X FARMINGDALE

State

ZIP Code

NY 11735

## VII. Ownership (See instructions)

A. Name of Installation's Legal Owner

X RASON ASPHALT INC

Street, P.O. Box, or Route Number

X PO BOX 483

City or Town

X FARMINGDALE

State

ZIP Code

NY 11735

Phone Number (area code and number)

B. Land Type

C. Owner Type

D. Change of Owner Indicator

(Date Changed)  
Month Day Year

X 516-293-6210

Yes No

Month Day Year

Spoke with Maria 10/24/93 4:19 PM



ID - For Official Use Only

## VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

## A. Hazardous Waste Activity

## 1. Generator (See Instructions)

a. Greater than 1000kg/mo (2,200 lbs.)

b. 100 to 1000 kg/mo (220 - 2,200 lbs.)

c. Less than 100 kg/mo (220 lbs.)

## 2. Transporter (Indicate Mode in boxes 1-5 below)

a. For own waste only

b. For commercial purposes

Mode of Transportation

1. Air

2. Rail

3. Highway

4. Water

5. Other - specify

## 3. Treater, Storer, Disposer (at installation)

Note: A permit is required for this activity; see instructions.

## 4. Hazardous Waste Fuel

a. Generator Marketing to Burner

b. Other Marketers

c. Burner - indicate device(s) -  
Type of Combustion Device

1. Utility Boiler

2. Industrial Boiler

3. Industrial Furnace

## 5. Underground Injection Control

## B. Used Oil Fuel Activities

## 1. Off-Specification Used Oil Fuel

a. Generator Marketing to Burner

b. Other Marketer

c. Burner - indicate device(s) -  
Type of Combustion Device

1. Utility Boiler

2. Industrial Boiler

3. Industrial Furnace

2. Specification Used Oil Fuel Marketer  
(or On-site Burner) Who First Claims  
the Oil Meets the Specification

## IX. Description of Regulated Wastes (Use additional sheets if necessary)

## A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable  
(D001)2. Corrosive  
(D002)3. Reactive  
(D003)4. Toxic  
(D000)

\* SEE COMMENTS

(List specific EPA hazardous waste number(s) for the Toxic contaminant(s))

## B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1 F001	2	3	4	5	6
7	8	9	10	11	12

## C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

1	2	3	4	5	6
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## X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature

Name and Official Title (type or print)

Date Signed

## XI. Comments

(\*) A. WASTE 1,1,1, TRICHLOROETHANE  
6.1 UN2831 PGIII (F001) (ERG \* 74)

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

*Safety - Kleen Corp.*  
60 Seabro Avenue  
N. Amityville, N.Y. 11701

10/04/93

State Dept of New Jersey DEP  
Manifest Section  
401 E State St 2nd Floor  
CN421  
Trenton NJ 08625-0421

Sir:

On the 16th of July, 1993 Safety Kleen contacted the USEPA and spoke to Norm at 8:30 AM to check on the EPA# for Rason Asphalt at 44 Morris Ave, Glen Cove. Norm gave NYD080658644 as the EPA# for that facility. Based on that information, Safety Kleen picked up one (1) drum of waste on 7/21/93 using that number. Rason, was notified on 9/21/93 that the EPA# was incorrect. On 10/04/93, Rason re-applied for an EPA# for that facility and will notify New Jersey when they receive the number from the USEPA.

Sincerely,



Charlie Mellon  
Branch Industrial Manager

516-293-6210

## LETTER OF TRANSMITTAL

## RASON ASPHALT INC.

P.O. Box 758 Farmingdale, N.Y. 11735

483

U.S.E.P.A. - REGION II

AIR + WASTE MANAGEMENT  
26 FEDERAL PLAZA - RM 505  
NY, N.Y. 10278

FROM

TO

DATE

10.5.93

JOB NO.

ATTENTION

JACK

RE:

RASON ASPHALT INC  
44 MORRIS AVE  
GLEN COVE. NY.

## GENTLEMEN:

WE ARE SENDING YOU



ATTACHED



UNDER SEPARATE COVER VIA

EXPRESS MAIL

THE FOLLOWING ITEMS:



SHOP DRAWINGS



PRINTS



PLANS



SAMPLES



SPECIFICATIONS



CONTRACT



COPY OF LETTER



COPIES	DATE OR NO	DESCRIPTION
1 ORIG		EPA FORM 8700-12 (01-90)
1 COPY		LETTER FROM SAFETY KLEEN TO NJ DEP (10.4.93)
1 COPY		NOTICE FROM NJ DEP DATED 9.21.93
1 COPY		UNIFORM HAZARDOUS WASTE MANIFEST

## THESE ARE TRANSMITTED AS CHECKED BELOW:



FOR APPROVAL



APPROVED AS SUBMITTED



RESUBMIT \_\_\_\_\_ COPIES FOR APPROVAL



FOR YOUR USE



APPROVED AS NOTED



SUBMIT \_\_\_\_\_ COPIES FOR DISTRIBUTION



AS REQUESTED



RETURNED FOR CORRECTIONS



RETURN \_\_\_\_\_ CORRECTED PRINTS



FOR REVIEW AND COMMENT



\_\_\_\_\_



FOR BIDS DUE \_\_\_\_\_ 19 \_\_\_\_\_



PRINTS RETURNED AFTER LOAN TO US

## REMARKS

DEAR JACK -

SAFETY KLEEN INSTRUCTED ME TO SEND THIS

FORM TO YOU. IF YOU HAVE ANY QUESTIONS -

PLEASE CONTACT ME ASAP.

IF ENCLOSURES ARE NOT AS NOTED, KINDLY NOTIFY US AT ONCE.

SIGNED:

Sandy Nicolson





State of New Jersey  
Department of Environmental Protection and Energy  
Environmental Regulation  
Hazardous Waste Regulation Program

Jeanne M. Fox  
Acting Commissioner

CN 421  
Trenton, NJ 08625-0421  
Tel. # 609-633-1418

Frank Coolick  
Administrator

RASON ASPHALT  
44 MORRIS AVE  
GLEN COVE, NY 11542

09/21/93

NOTICE

Enforcement Ref. Code: 93-09-0004

RE: Manifest Document #/Date Shipped: 072193 - 07/21/93

Dear Sir/Madam:

The above referenced document has been reviewed by my staff and found to contain the following invalid or missing information:

01 N.J.A.C. 7:26-7.4(a)4ii GEN. EPA ID NO.

COMMENTS: EPA ID NUMBER IN ITEM #1 IS NOT LISTED IN THE REGION II FILE. PLEASE PROVIDE CORRECT EPA ID NUMBER FOR THIS SITE.

According to State law, N.J.S.A. 13:1E-9, as amended, failure to complete a hazardous waste manifest correctly may result in substantial fines and/or penalties.

We would like to assist you in complying with New Jersey's manifest regulations (N.J.A.C. 7:26-7) and are directing you to take the following action:

Submit a written response including corrected photocopy of the referenced manifest within fifteen (15) days of receipt of this letter to:

New Jersey Department of Environmental Protection  
Manifest Section  
CN 421  
401 E.State Street - 2nd Floor  
Trenton, New Jersey 08625  
Attn: Manifest Section

\*Response and photocopy must be attached to a copy of this Notice Letter.

If you should have any questions or need additional information, please contact Mrs. Jean Powers, of my staff, at 609-292-7081.

Sincerely yours,

*F. Scaccetti / Jcp*

Ferdinand Scaccetti, Supervising Env. Specialist  
Manifest Section



State of New Jersey  
Department of Environmental Protection and Energy  
Hazardous Waste Regulation Program  
Manifest Section  
CN 028, Trenton, NJ 08625-0028

Form Approved OMB No. 2050-0039 Expires 9-30-94

Please type or print in block letters. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. NYD 080658644	Manifest Document No. 18665	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.		
3. Generator's Name and Mailing Address RASON ASPHALT 44 MORRIS AVE GLEN COVE 4. Generator's Phone ( 516 ) 671-1500			6. US EPA ID Number NY 11542		A. State Manifest Document Number NJ 1612938		
5. Transporter 1 Company Name SAFETY KLEEN CORP			6. US EPA ID Number ILD 984908202		B. State Generator's ID SAME ET4217 41447		
7. Transporter 2 Company Name			6. US EPA ID Number		C. State Trans. ID NJDEPS8690		
9. Designated Facility Name and Site Address SAFETY KLEEN CORP 1200 SYLVAN ST LINDEN NJ 07036			10. US EPA ID Number NJD 002182897		D. Transporter's Phone 516 842-6311		
					E. State Trans. ID		
					F. Transporter's Phone ( )		
					G. State Facility's ID		
					H. Facility's Phone ( 908 862-2000		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) HM a. X WASTE 1,1,1 TRICHLOROETHANE 6.1 UN2831 PGIII (F001) (ERG#74)			12. Containers No. Type 001 DM		13. Total Quantity 00582P	14. Unit Wt/Vol	15. Waste No. F001
b.							
c.							
d.							
J. Additional Descriptions for Materials Listed Above F002			K. Handling Codes for Wastes Listed Above a. T99 B Recovery c.				
a.			b. d.				
b.			c. d.				
15. Special Handling Instructions and Additional Information CONTROL #180257-4 EMERGENCY RESP#708-888-4660 24HR			2-118-08-1008-5065				
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.							
Printed/Typed Name D.A. Wade			Signature D.A. Wade			Month Day Year 07 21 93	
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Gary Factora			Signature Gary Factora			Month Day Year 07 21 93	
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name			Signature			Month Day Year	
19. Discrepancy Indication Space							
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Printed/Typed Name Paul MARINI							
Signature Paul Marini			Month Day Year 07 22 93				